

FEC FORM 1

NAME OF

COMMITTEE (in full)

STATEMENT OF **ORGANIZATION**

is changed)

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2814 OCT -7 AM 9: 13 Office Use Only Example: If typing, type (Check if name 12FE4M5 over the lines.

PROTECT, TH	HE HARVEST	Political Acti	9~111111		
Cammittee			1111111		
ADDRESS (number and street) (Check if address is changed)	COLLUM BIA	reating Struct & 3171	65,2011-LI		
COMMITTEE'S E-MAIL ADDRES	SS				
(Check if address is changed)	Same				
just second optional	Optional Second E-Mail Address	92,40,11111			
COMMITTEE'S WEB PAGE ADD	DRESS (URL)		in Carlos (Carlos Carlos Carlo		
(Check if address is changed)					
2. DATE 09 2	1 2014				
3. FEC IDENTIFICATION NU	JMBER ▶ COOS	6.3825			
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)					
I certify that I have examined th	_	knowledge and belief it is true, correct	and complete.		
Type or Print Name of Treasure	BRIAN	KLIPPENSTEIN			
Signature of Treasurer		Date Date	01/2014		
NOTE: Submission of false, errone		ibject the person signing this Statement to OULD BE REPORTED WITHIN 10 DAYS.	the penalties of 2 U.S.C. §437g.		
Office Use Only		For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 06/2012)		

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TYPE OF COMMITTEE						
Candidate Committee:						
(a) This committee is a principal campaign committee. (Complete the candidate information below.)						
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name of Candidate						
Candidate Office State Party Affiliation Sought: House Senate President District						
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate						
Party Committee:						
(d) This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.						
Political Action Committee (PAC):						
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a						
Corporation Corporation w/o Capital Stock Labor Organization						
Membership Organization Trade Association Cooperative						
In addition, this committee is a Lobbyist/Registrant PAC.						
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)						
In addition, this committee is a Lobbyist/Registrant PAC.						
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint Fundraising Representative:						
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.						
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.						
Committees Participating in Joint Fundraiser						
1. FEC ID number						
2. FEC ID number						
3.						
4.						

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	FEC Form 1 (Revised 02/2009)	Page 3
Writ	e or Type Committee Name	
6. 1	Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership	PAC Sponsor
1 1		
		<u> </u>
LL.		
M	Aailing Address	
]-[
	CITY STATE ZIP	CODE
F	Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponsor
	Custodian of Records: Identify by name, address (phone number optional) and position of the person in posses looks and records.	sion of committee
	Full Name HEATHER GROTE	
F		
N	Mailing Address [28,12,18th St. Soute 3,17]	
	المستحد المستحد المستحد المستحد المستحدد المستحد	
	Columbaa mu loszo	1
T	Title or Position CITY STATE ZIP	CODE
Ī	DEP TREASURER Telephone number \$7,31-25	61-1706C
	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name	and address of
a	iny designated agent (e.g., assistant treasurer).	
	full Name BRIAN CIPPENSTEIN	
N	Mailing Address [28, N, 8M, Str., Sourto, 317]	
		1 1 1 1 1
	169 Lungia 1 100 16520	NI-I , , ,
	CITY STATE ZIP	CODE
1 [TILE OF POSITION THE ASURE R. Telephone number 202-144	11-12274

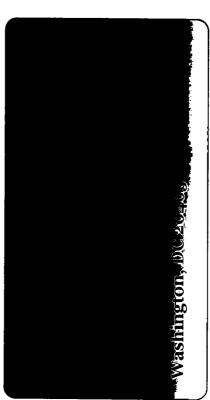
FEC Form 1 (Revised	1 02/2009)		Page 4	
Full Name of Designated Agent	HTHER Grote			
Mailing Address	128 N. 87 Street Son	E setu		
	COLLENDIA	LMO STATE	(6\$201)- ZIP CODE	
Title or Position	Telephone nui	mber <u>S</u>	13-1256-7060	
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.				
Commerce Bank				
Mailing Address	901 EBroadwary			
	(coluntora,	M	6\$701-1	
	CITY	STATE	ZIP CODE	
Name of Bank, Depository,	etc.			
				
Mailing Address				
			لسبا-لسبا	
	CITY	STATE	ZIP CODE	

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